

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Kurt BUSINGER et al. Art Unit : 3714
Serial No. : 10/769,368 Examiner : Pinheiro, Jason Paul
Filed : January 30, 2004 Conf. No. : 7907
Title : ADJUSTABLE MONITOR ASSEMBLY

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7.

An extension of the deadline for response to the Office action is respectfully requested pursuant to 37 C.F.R. § 1.136(a) and the appropriate fee is submitted herewith.

Adjustment date: 06/21/2010 GARIAS
04/23/2010 INIEFSW 00003913 503211 10769368
02 FC:1233 1110.00 CR

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Attorney Docket No.: 21204.0182US

CONCLUSION

In view of the foregoing, the application is respectfully submitted to be in condition for allowance, and prompt favorable action thereon is earnestly solicited.

If there are any questions regarding this amendment or the application in general, a telephone call to the undersigned would be appreciated since this should expedite the prosecution of the application for all concerned.

Although this paper is believed to be timely filed, if necessary to effect a timely response, this paper should be considered as a petition for an Extension of Time sufficient to effect a timely response, and please charge any deficiency in fees or credit any overpayments to Deposit Account No. 50-3211 (Docket No. 21204.0182US)

Respectfully submitted,

Date: April 22, 2010

/Christopher T. McWhinney/
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-2-10</u>		2 Serial/Patent # <u>10769368</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		<u>4-22-10</u>	\$ <u>1,110.00</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
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10 REASON:		8 TO BE REFUNDED BY:		
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<input type="checkbox"/> Overpayment		Credit Deposit A/C #:		
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<input checked="" type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>M. Eason</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Michelle A. Eason</u>		PHONE: <u>571-272-4231</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>06/21/10</u>		

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